

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-878)**

SERIAL NO.

FILING DATE

07502240

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						81					
2							82					
3							83					
4							84					
5							85					
6							86					
7							87					
8		2					88					
9							89					
10							90					
11							91					
12							92					
13							93					
14							94					
15							95					
16							96					
17							97					
18							98					
19							99					
20							100					
21												
22												
23												
24												
25												
26												
27												
28												
29												
30												
31												
32												
33												
34												
35												
36												
37												
38												
39												
40												
41												
42												
43												
44												
45												
46												
47												
48												
49												
50												
TOTAL IND.	2						TOTAL IND.					
TOTAL DEP.	6						TOTAL DEP.					
TOTAL CLAIMS	8						TOTAL CLAIMS					